

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AB		09-05-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LM	572	10-01-01
RESPONSE FORMALITY REVIEW	SG	1077	114102

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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REF ID: JCS58

Form  
(Rev)